

Asthma Could Be More Effectively Managed for Many Privately Insured Children in Maryland

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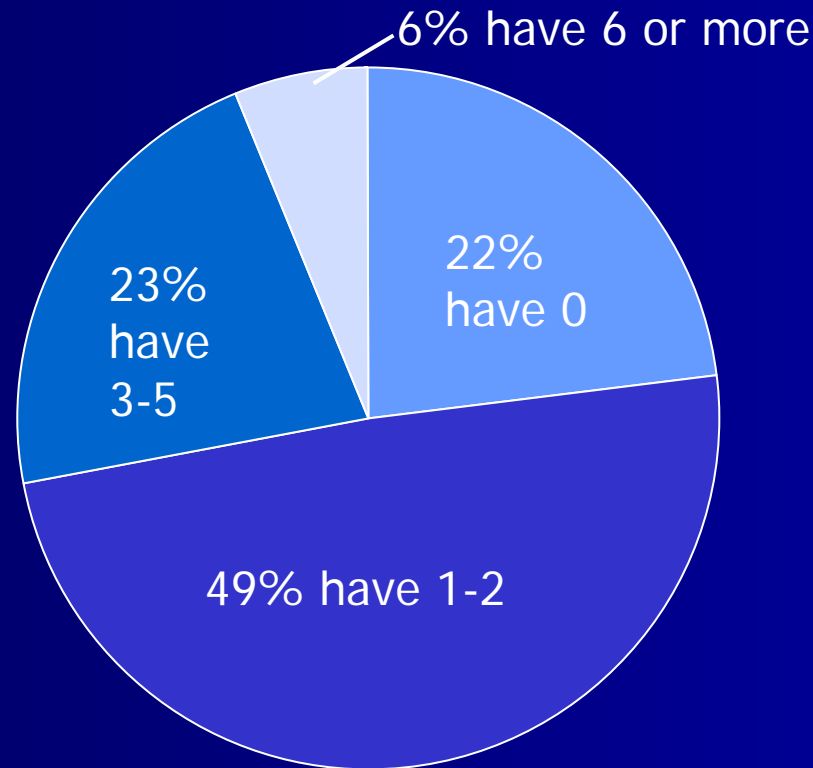
Study Design

- Purpose: To assess the quality of asthma care received by privately insured children in Maryland by comparing the types of asthma medications received to the latest NAEPP medication guidelines.
- Study Population:
 - 2,830 privately insured children (ages 5-17 years) with a current asthma diagnosis from the MHCC Medical Care Data Base for 2003.
 - Exclusions: cystic fibrosis diagnosis or asthmatic children with no prescription drug records.

Key Concepts

- Controlled Asthma: when fewer than three rescue drug prescriptions were filled in the year.
- Uncontrolled Asthma: when three or more rescue drugs prescriptions were filled in the year.
- Severely Uncontrolled Asthma: when six or more rescue drug prescriptions were filled in the year.
- Mild Intermittent Asthma: when no controller drugs and less than three rescue drug prescriptions were filled in the year.
- Persistent Asthma: when at least one controller drug prescription or three or more rescue drug prescriptions were filled in the year.

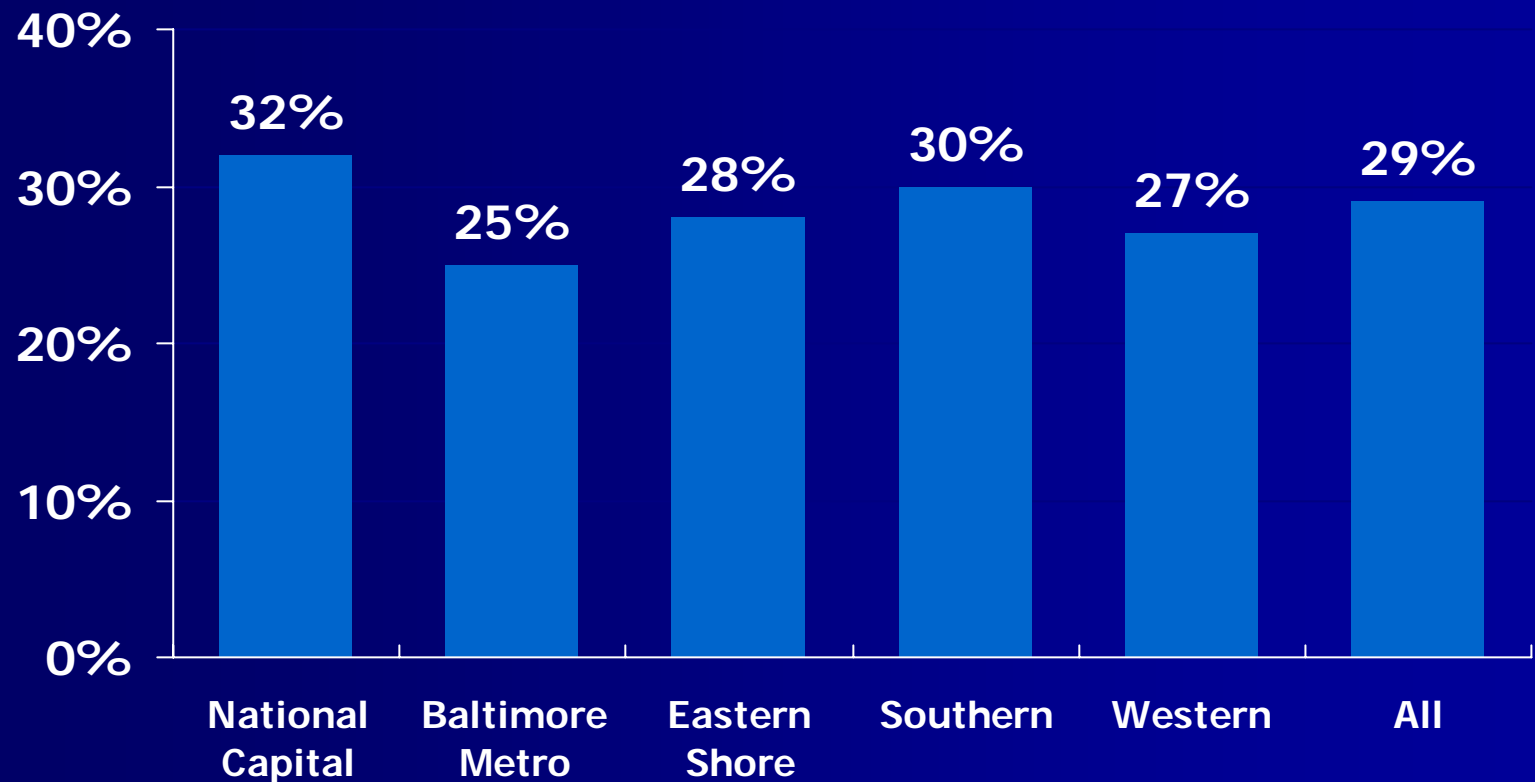
Percent of Privately Insured Asthmatic Children Prescribed Rescue Medications, 2003



Number of Rescue Meds

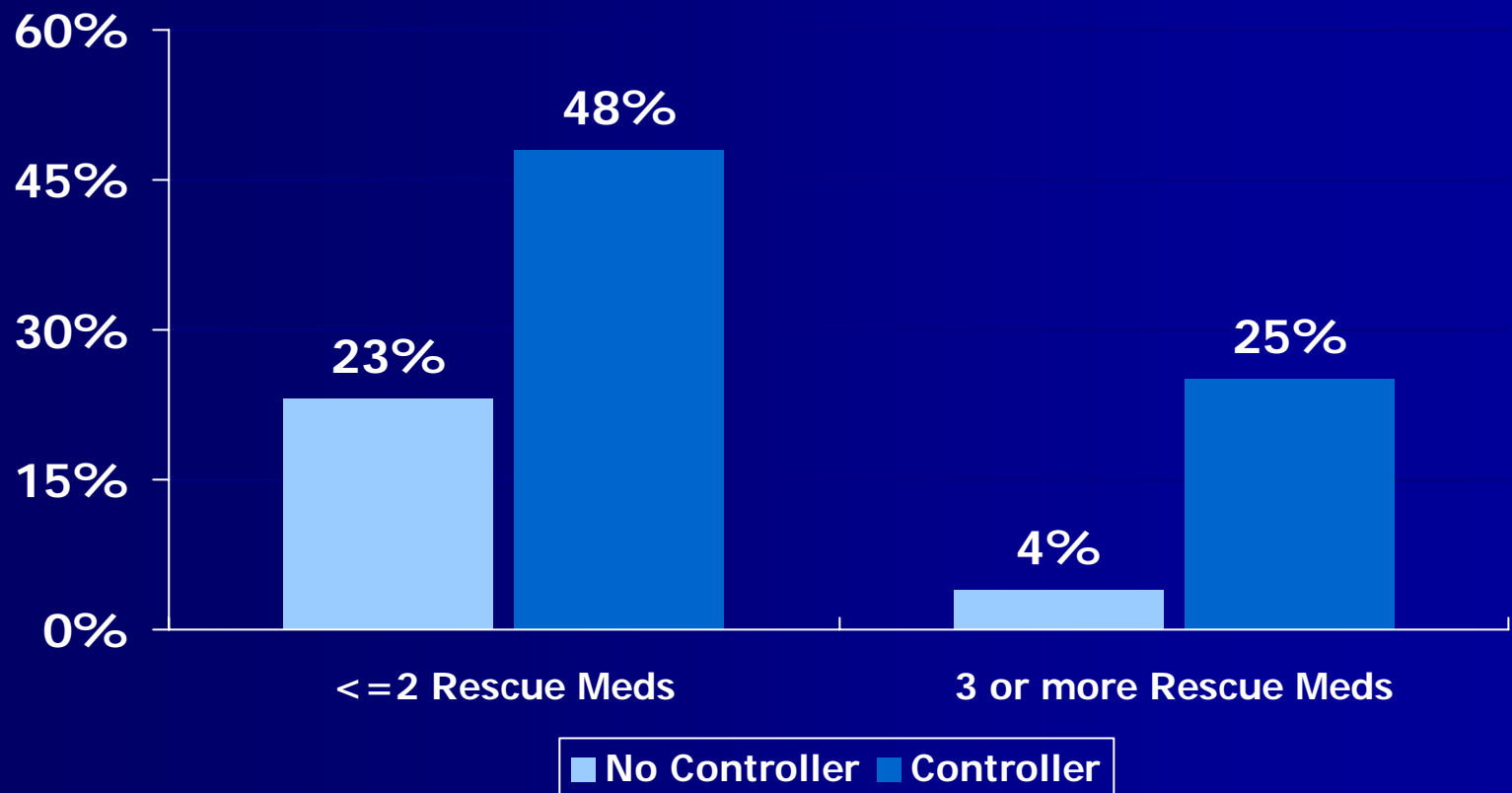
Source: Maryland Health Care Commission analysis of the MCDB

Percent of Privately Insured Asthmatic Children with Uncontrolled Asthma by Region, 2003



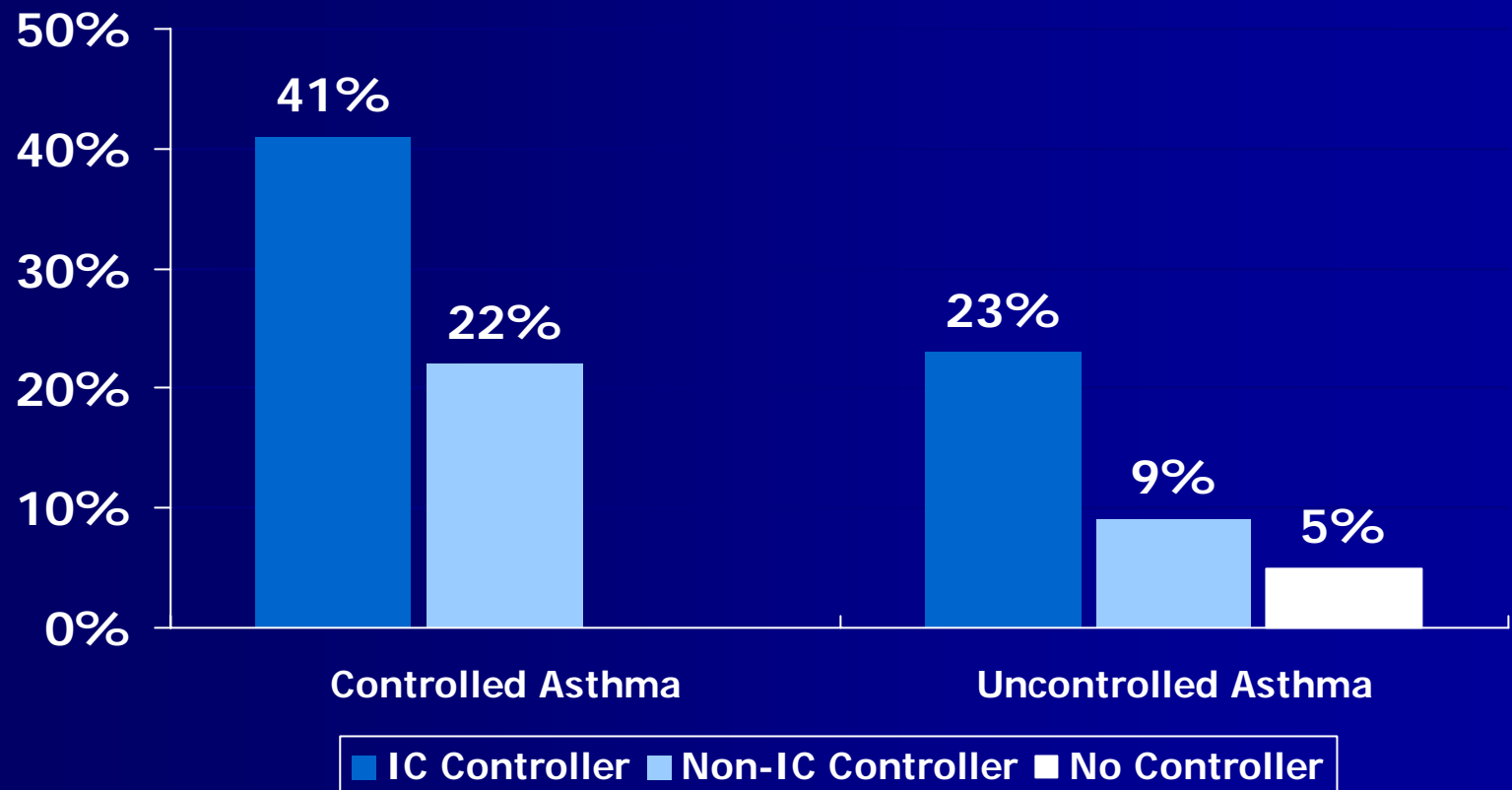
Source: Maryland Health Care Commission analysis of the MCDB

Percent of Privately Insured Asthmatic Children Prescribed Controller and Rescue Medications, 2003



Source: Maryland Health Care Commission analysis of the MCDB

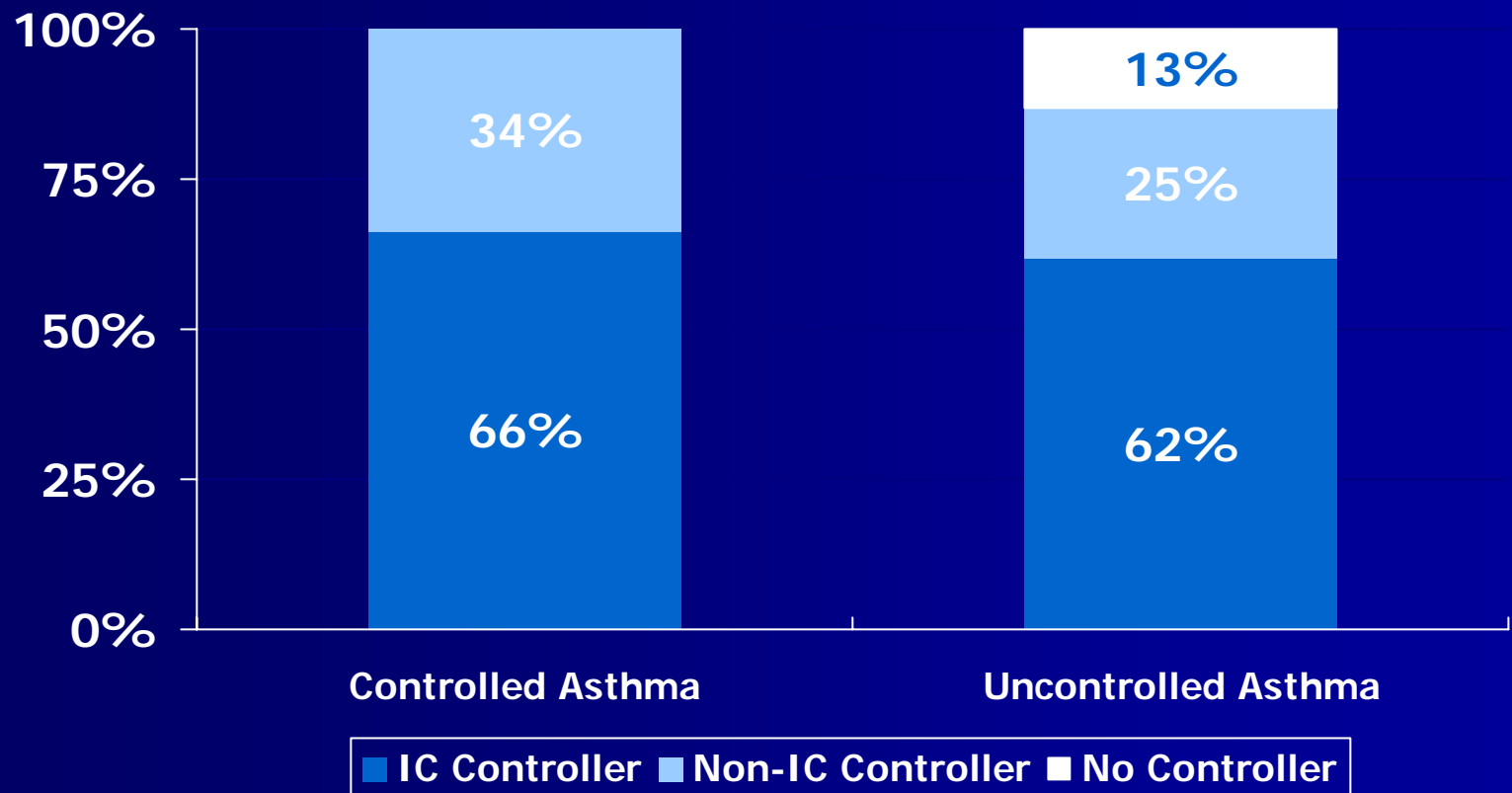
Percent of Privately Insured Children with Persistent Asthma Prescribed Controller Medications, 2003



Note: IC refers to Inhaled Corticosteroids

Source: Maryland Health Care Commission analysis of the MCDB

Percent of Privately Insured Children with Persistent Asthma Prescribed Controller Medications, 2003



Note: IC refers to Inhaled Corticosteroids

Source: Maryland Health Care Commission analysis of the MCDB

Discussion

- Study Limitations
 - Prescriptions collected by patients (not prescribed)
 - 1 Inhaled Corticosteroid during year defines compliance
 - Mild vs persistent & controlled status inferred from prescriptions received
- NAEPP 2002 Update to Guidelines vs prescriptions received
 - Adherence to guidelines = few uncontrolled cases
 - All persistent cases should be using daily controller medication
 - Non-preferred controller medications in place of IC <5% of cases
 - Data for persistent cases
 - 37% exhibited uncontrolled asthma
 - 5% received no controllers
 - 31% received non-preferred controllers in place of IC

Future Directions

- Advocate for enhanced performance measures/reporting
 - Enhancement of HEDIS quality measure for asthma
 - California Asthma Collaborative
 - Feedback to providers on prescribing practices & urgent care use
- Utility of this and future studies by MHCC
 - Baseline data to measure efforts to improve asthma treatment
 - Is this information useful to you?
 - Suggestions for future studies